MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/535004 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5	1						55						
6	1						56						
7		2					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		2					62						
13		2					63						
14		2					64						
15		2					65						
16		2					66						
17	1						67						
18		1					68						
19	1						69						
20		1					70						
21	1						71						
22		1					72						
23	1						73						
24		2					74						
25		1					75						
26		1					76						
27		2					77						
28		2					78						
29		7					79						
30		7					80						
31		7					81						
32		14					82						
33	1						83						
34		1					84						
35	1						85						
36		1					86						
37		1					87						
38	1						88						
39		1					89						
40		1					90						
41		2					91						
42		2					92						
43	1						93						
44		1					94						
45		1					95						
46	1						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	16						TOTAL IND.						
TOTAL DEP.	89						TOTAL DEP.						
TOTAL CLAIMS	105						TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)